



CITY OF CAMBRIDGE

HACKNEY CARRIAGE DIVISION

831 Massachusetts Avenue, 1st Floor,
Cambridge, Massachusetts 02139



Officer Benny Szeto
Hackney Officer

Larry Clarke
Assistant Hackney Inspector

Officer Tony Arcos
Hackney Officer

HACKNEY COMPLAINT FORM

COMPLAINANT	COMPLAINT AGAINST
Name: _____	Name: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Phone#: _____	Phone#: _____
Email address #: _____	Cab Company: _____

Incident/Occurrence: Date: ____/____/____ Time: ____:____ Location: _____

Were Police notified, if applicable? Y____ N____ Date: ____/____/____ Time: _____

Briefly describe the nature of your complaint: _____

(Please provide complete details. Use back and attach extra sheets of paper, if necessary.)

Hackney License #: _____ Medallion #: _____ Driver License # _____

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Details of complaint continued

What outcome do you seek (i.e., put on record; investigate; license hearing; other)?

Signed under the Pains and Penalties of Perjury

Date: